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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Yemen
Support for a comprehensive population programme

Proposed UNFPA assistance:	$15 million, of which $10 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Yemen United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	Ministry of Planning and Development

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92-10958

YEMEN

Demographic facts

Population Total (000)	
Total	11,687
Males	5,722
Females	5,965
Sex ratio (/100 females)	95.9
Urban	3,373
Rural	8,314
Per cent urban	28.9
Population in year 2000 (000)	16,649
Functional age groups (%)	
Young child: 0-4	20.5
Child: 5-14	29.1
Youth: 15-24	20.3
Elderly: 60+	4.0
65+	2.5
Women: 15-49	22.3
Median age (years)	15.2
Dependency ratios: total	108.6
(/100) Aged 0-14	103.5
Aged 65+	5.1
Agricultural population density (/hectare of arable land)	*
Population density (/sq. km.)	22
Average annual change (000)	
Population increase	461
Births	640
Deaths	179
Net migration	0
Annual population total (% growth)	3.60
Urban	6.40
Rural	2.35
Crude birth rate (/1000)	49.9
Crude death rate (/1000)	13.9
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	7.34
Gross reproduction rate (/woman)	3.58
Net reproduction rate (/woman)	2.70
Infant mortality rate (/1000)	107
Life expectancy at birth (years)	
Males	52.3
Females	53.0
Both sexes	52.7
GNP per capita (U.S. dollars, 1989)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

* not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $15 million, of which $10 million would come from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Yemen in achieving its population and development objectives. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the first UNFPA-supported programme of assistance to Yemen. To date, UNFPA has separately assisted the former People's Democratic Republic of Yemen and the Yemen Arab Republic. The Third UNFPA programme with the People's Democratic Republic of Yemen, was approved in 1986 in the amount of $4.5 million and ended in 1990. It was subsequently extended to December 1991. The programme with the Yemen Arab Republic, ending in December 1991, was approved in 1987 in the amount of $5 million.

2. The proposed programme is based on the findings and recommendations of the UNFPA Programme Review and Strategy Development mission that visited the country in July-August 1991 and that worked in close collaboration with the Government and with non-governmental organizations (NGOs). The mission's recommendations were formulated along the lines of the Government's population goals and strategies, which are reflected in the Population Strategy Document endorsed by the Ministerial Cabinet in August 1991 and the Population Action Plan that resulted from the First National Population Policy Conference of October 1991 and that was endorsed by the Government.

3. The proposed programme seeks to supplement and complement national population efforts. The main objectives of the proposed UNFPA programme are to assist the country in: (a) elaborating the national population policy and translating it into operational programmes at the regional and local levels; (b) devising strategies for and implementing maternal and child health and family planning (MCH/FP) programmes; (c) integrating demographic variables into development planning; (d) reducing maternal and child mortality; (e) improving the status of women and contributing to a multisectoral approach to enhance their access to health, nutrition, family planning, education and employment through information dissemination and provision of MCH/FP services; (f) developing population information, education and communication programmes based on interpersonal communication; and (g) integrating population education into various educational and training programmes.

4. All projects under the proposed programme, as in all UNFPA assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para 14 (d)); that respect for human life is basic to all human societies (para 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para 14 (f)).

II. BACKGROUND

5. The Republic of Yemen was created in May 1990 by the unification of the former Yemen Arab Republic and the People's Democratic Republic of Yemen. Since unification, the country has experienced serious economic problems that were exacerbated by the Gulf War, which led to a reduction in foreign economic assistance and the return of 800,000 Yemeni workers from Saudi Arabia and the Gulf States. To

cope with these conditions, the Government put aside its long-term development plans and planned to take actions to stabilize the situation during 1992. A three-year interim development programme is supposed to begin in 1993, followed by the first comprehensive development plan in 1996.

6. Demographic trends. According to government estimates, the total population of Yemen was 11.6 million in 1990. It is thought that this figure has increased to 12.3 million because of the influx of returnees since 1991. Yemen has one of the highest fertility rates in the world -- estimated at 8.4 children per woman. The country's other demographic indicators are at an early transitional stage, with gradually falling death and birth rates. The crude birth rate is 52.8 per 1,000 and the crude death rate is 21.8 per 1,000. There is a natural rate of increase of 3.1 per cent a year and an average life expectancy at birth of 46.3 years. (United Nations estimates can be found in the demographic data sheet on page 2.)

7. Yemen's high rate of population growth and low life expectancy are reflected in the figures for maternal and child mortality and morbidity. Maternal mortality is estimated at 1,000 per 100,000 live births and infant mortality at 130 per 1,000 live births. These high rates are caused by, among other factors, a high rate of births outside the safe age range of 20 to 35, short pregnancy intervals, and the frequency of women bearing more than five children. The contraceptive prevalence rate is quite low, at an estimated 3-3.5 percent. There is a large difference in contraceptive usage in urban areas (estimated at 10 per cent) and rural areas (2.5 per cent).

8. Social conditions. Yemen suffers from a lack of infrastructure that manifests itself in several ways. The generally poor health conditions are the result of a lack of coverage of primary health services, which reach only about 40 per cent of the population. It is thought that only about 5-10 per cent of the population has access to any kind of MCH/FP services. Likewise, schools are insufficient: it is estimated that 67 per cent of the population in the northern governorates is illiterate and that the illiteracy rate for women exceeds 85 per cent. Efforts to improve these conditions are currently hampered by inadequate financial and manpower resources, the problems of harmonizing the administrative and economic systems of the two predecessor countries and the pressure created by the large number of returnees.

9. The Government of Yemen is well aware of the country's population problems and in August 1991 officially endorsed national population goals for the year 2000 that will seek to reduce the levels of fertility, morbidity and mortality and to rapidly expand the coverage of primary health care and MCH/FP services. In achieving these goals the Government will have to overcome constraints in several areas, including the shortage of trained service providers, inadequate management and a lack of disaggregated and reliable population and economic data. The Government will need to strengthen its institutional capacity to deal with population problems and to better coordinate assistance from outside sources. A National Population Council, with a Technical Secretariat, was established by decree in August 1991 to plan, monitor, coordinate and evaluate the implementation of population and related programmes. The Government has also established a Joint Steering Committee, made up of representatives of the Ministry of Planning and Development and of the international donor community, to coordinate foreign financial assistance.

III. REVIEW OF UNFPA ASSISTANCE AND OTHER ASSISTANCE TO DATE

10. UNFPA provided assistance to the Yemen Arab Republic starting in 1972, but the first comprehensive country programme was approved only in January 1981 in the amount of $4 million for the period 1981-1985. The previous programme was approved by the Governing Council in June 1987, in the amount of $5 million for the years 1987-1991. The programme focused on MCH/FP and also developed population education

activities in the formal sector, supported data collection and analysis and research as well as women in development activities.

11. UNFPA began assistance to the former People's Democratic Republic of Yemen in 1972 with support for preparatory activities for the 1973 census. The first country programme was approved in June 1979 in the amount of $5.5 million over the period 1979-1982 and was subsequently extended to 1985. Due to unforeseen circumstances in the country, the submission of the succeeding country programme was not made until 1987; 1986 was considered an interim year, during which a number of preparatory activities were carried out.

12. In previous UNFPA programmes to both the Yemen Arab Republic and the People's Democratic Republic of Yemen, the major focus in the area of MCH/FP was to train nurses and midwives in family planning before they entered service and to supply female primary health care workers with in-service training. These training activities were carried out by international trainers with the aim that the programme would later be taken over by nationals. Prior programmes in both countries also included in- and out-of-school population education activities. The programme in the People's Democratic Republic of Yemen had a broader range of activities that included communication activities in both the organized rural and labour sectors, including trade unions. Moreover, UNFPA provided important support for the data collection and analysis activities of the 1986 census in the Yemen Arab Republic and the 1988 census in the People's Democratic Republic of Yemen. It also provided assistance in the area of civil registration and the maintenance of vital statistics.

13. The most important result of UNFPA's previous programmes of support in both Yemens was its contribution to making the Governments aware of the need for establishing national population policies. This was achieved by awareness-generation activities in the Ministry of Planning of the former People's Democratic Republic of Yemen and the Central Planning Organization of the former Yemen Arab Republic. The fruits of these efforts was the adoption of a national population policy and the establishment of a National Population Council by the united Republic of Yemen in August 1991.

14. The constraints encountered in the implementation of UNFPA activities included the poor design of some of these activities, the shortage of skilled managers that resulted in an over-reliance on foreign expertise, delays in recruitment, sometimes weak technical backstopping, and complicated procedures that caused delays in delivery of equipment and supplies.

Other external assistance

15. Among other United Nations agencies, UNICEF has provided support for an expanded programme of immunization (EPI) and an anti-diarrheal disease (ADD) programme. It has also supported activities in the areas of sanitation, nutrition, health education and female literacy. As part of its broad programme of support for economic development programmes, UNDP is supporting health projects executed by the World Health Organization (WHO) that include support for primary health care, development of manpower resources, hospital administration and hygiene. The Food and Agriculture Organization (FAO) and the International Labour Organisation (ILO) are implementing activities aimed at integrating family life education into training for rural extension workers and the organized labour sector, respectively.

16. The World Bank has financed projects to expand hospitals and health centres and to train administrative support personnel as well as to help manage health training centres.

17. Among bilateral donors, the United States Agency for International Development (USAID) has supported projects in population IEC and the Yemen Demographic and Maternal and Child Health Survey. The current (1992-1998) USAID programme focuses on data collection and analysis, awareness creation and communication, skills development for service delivery, social marketing of contraceptives, and women, population and development activities. The United States Census Bureau, as well as NIDI and DHS, have supported the conduct of national censuses and other demographic surveys. Kuwait and Saudi Arabia have supported the construction of the Faculty of Medicine in Sana'a and hospitals in three governorates. The Netherlands has provided assistance in the areas of primary health care, data collection, women in development, rural development and the environment. France and Germany provided assistance to the People's Democratic Republic of Yemen in the areas of health and women in development.

18. The International Planned Parenthood Federation has provided important support for the Yemen Family Care Association, which is the country's most active NGO in the area of family planning. The British Organization for Community Development has provided support for primary health care training in three regions. The Swedish NGO Radda Barnen has supported activities in helping to administer MCH clinics, develop health personnel and carry out operational research.

IV. PROPOSED PROGRAMME 1992-1996

19. The main objectives of the proposed programme are detailed in paragraph 3 above. The overall objective of the proposed programme is to support the Government in attaining the goals stated in the Population Strategy Document. These goals aim to achieve: (a) a population growth rate of 2 per cent a year by the year 2000; (b) an increase in life expectancy at birth from 46 years in 1991 to 60 by the year 2000; (c) a reduction in maternal mortality from all causes by 50 per cent; (d) a decrease in infant mortality from 130 per 1,000 in 1991 to 60 per 1,000, and of child (ages 1-4) mortality by 50 per cent. The achievement of these goals will require the reduction of total fertility rate from 8.4 in 1991 to 6 in the year 2000 by increasing contraceptive use from around 3.5 per cent in 1991 to 35 per cent by the year 2000. Related goals include increasing the coverage of the primary health care system from the current 40 per cent to 90 per cent of the population; increasing enrolment in primary education to 85 per cent and reducing the illiteracy rate to less than 50 per cent among females and less than 30 per cent among males. The national strategy also aims at curtailing migration from rural to urban areas through rural development and by the creation of small and medium-sized towns.

20. Based on their findings and discussions with government officials, the PRSD mission devised an overall strategy as well as sector-specific strategies along the lines of the national goals. The mission felt that a priority in all sectors would be providing full assistance to women's groups and institutions for the improvement of women's status and for measures to address their special needs. Within the framework of the Safe Motherhood initiative, priority should be given to quality reproductive health services and the expansion of contraceptive coverage to both men and women. Particular efforts should be directed towards community involvement in order to increase cost-effectiveness and ensure self-sustainability. To achieve the long-term objectives of changing attitudes and behaviour it will be necessary to develop effective population IEC programmes that emphasize interpersonal communication and the use of existing multi-media channels. In the area of data collection and analysis, the strategy would focus on upgrading existing institutions and in working to integrate population variables into the planning of each of the sectoral ministries.

Maternal and child health and family planning

21. In light of the Government's objective of achieving a 50 per cent decline in the rate of maternal mortality, UNFPA would assist the Government in improving the quality and access to MCH/FP services within existing structures by improving the skills and increasing the number of female health workers and traditional birth attendants (TBAs) and by directing their services to remote areas. The proposed programme would also work to strengthen the managerial, technical and service delivery capability of MCH/FP-related government and non-governmental institutions.

22. UNFPA would work to support the diversification of contraceptive methods to meet the growing need for greater choice. In this regard, UNFPA would support both pre-service and in-service training programmes within relevant government institutions that would include improving counselling skills as well as technical skills for the insertion of intra-uterine devices (IUDs) and other long-term effective and reversible methods, such as NORPLANT. UNFPA would also help to develop decentralized distribution channels, partly through NGOs and, possibly, through community-based distribution systems. UNFPA would support the expansion and strengthening of central and regional government health offices by helping upgrade the management system, including the development of a management information system.

23. UNFPA would provide funds to cover contraceptive needs according to realistic absorptive capability estimates in accordance with the Government's long-range goals. Projections to reach the stated fertility goal of 6 by the year 2000 show that the number of contraceptive users should multiply by 6 between 1991 and 1996 and that a total amount of around $4 million would be needed to cover the cost of contraceptives over the five year period, funded by a variety of sources. A larger amount would be needed to cover the cost of contraceptives in order to achieve the Government's objective of a contraceptive prevalence rate of 35 per cent in the year 2000.

24. UNFPA would provide support to the Government of Yemen in the area of MCH/FP in the amount of $5.2 million, of which $1.5 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

25. In the area of population IEC, UNFPA would support training activities, the development of educational materials, the dissemination of relevant information to policy makers and planners, and the integration of population education into various educational and training programmes now being revised. UNFPA would use a multi-media approach that focuses on interpersonal communication through such channels as rural extension workers, the organized labour sector and health personnel by improving counselling skills on the use of family planning methods and for other health-related topics, including breastfeeding and the prevention of sexually transmitted diseases (STDs) and AIDS. In order to ensure collaboration and coordination among various ministries and NGOs and the community, a high-level steering committee is in the process of being established under the supervision of the Ministry of Information. The targets for population IEC are men, women of reproductive age, youth and planners and policy makers. Messages for each of these groups would be developed on the basis of socio-cultural research for which UNFPA would provide technical and financial support, and they would aim to generate demand for family planning services.

26. Continuing its support for population education, UNFPA would assist in institutionalizing population components in both the school and adult education programmes, by strengthening the capacity of the Ministry

of Education to implement training programmes and to produce adequate materials. UNFPA would also help to establish a mechanism based on knowledge-attitude-practices (KAP) surveys to evaluate the effectiveness of these education efforts.

27. UNFPA would provide support in the area of IEC in both the formal and informal sectors in the amount of $2.7 million, of which $2 million would be provided from UNFPA regular resources and $700,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

28. As a prerequisite to policy development, UNFPA would strengthen the capability of the government institutions responsible for data collection, processing, analysis and research to ensure the reliability and quality of stock and flow statistics. As a priority, UNFPA would provide technical assistance and training prior to the 1994 census. This assistance would focus on strengthening the institutional and managerial framework as well as the regional and sector-specific statistical units. In respect to programme data, UNFPA and other international agencies would assist in the development of statistics needed for monitoring and evaluating programmes and projects. UNFPA support would include training national staff in entering, editing, and managing data and tabulation programmes and the strengthening of the civil registration system and the development of vital statistics. UNFPA, in collaboration with other international agencies, would support the Government in the expansion of its microcomputer network. Data dissemination would be undertaken in collaboration with public and private institutions. Along with its partner agencies in the Joint Consultative Group on Policy, UNFPA would also be involved in the establishment of databases to monitor the pace of social change in Yemen.

29. UNFPA would provide $2.3 million for data collection and analysis, of which $900,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

30. In population policy formulation, UNFPA would take major responsibility in strengthening the National Population Council, and its Technical Secretariat, which is responsible for planning, coordinating and monitoring the implementation and follow-up of population policies and related programmes. UNFPA would support the Technical Secretariat in improving its managerial and technical capability to perform its tasks. UNFPA would also assist in upgrading the capability of the Ministry of Planning and Development as well as the planning units of sectoral ministries to integrate population aspects into the planning process.

31. UNFPA would provide $1.5 million to support activities in the field of population policy formulation, of which $600,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

32. In the area of women, population and development UNFPA would work with other multi-bilateral donors, notably the Netherlands and UNDP, in integrating population components into projects that focus on women in development. UNFPA would also work to ensure that women's concerns are taken into account in all activities carried out under the proposed programme. Specifically, the programme would carry out awareness-creation activities to make women more aware of their rights and of the availability of health services, specifically of MCH/FP services. This would be carried out by both governmental and non-

governmental organizations with the aim of reaching the grass roots, particularly women living in remote rural areas.

33. UNFPA would integrate population IEC components into the multisectoral strategy that aims to improve education and technical skills of women through vocational training. In addition to such training, job opportunities will be ensured by the assistance of a Development Bank to be sponsored by UNDP or the Dutch Government. The multisectoral aspect of the strategy includes the improvement in the quality of and access to MCH/FP services, the development of a women in development strategy, as well as gender-specific research.

34. UNFPA would provide support to Yemen in the area of women, population and development in the amount of $2 million, $1 million of which would be sought from other sources, including multi-bilateral sources.

Special programmes

35. UNFPA would support activities in the area of youth and development in collaboration with the Ministry of Youth and Sports and with youth NGOs. These would include awareness creation, especially among youth leaders, on the relationship between demographic trends and socio-economic development as well as the integration of reproductive information into youth training programmes with the aim of creating demand for family planning services. In the area of the environment, UNFPA would also support activities in collaboration with the Environmental Protection Council and with the Environmental Protection Association on awareness creation about environment conservation and the link between population and sustainable development. UNFPA would sponsor activities related to the prevention of sexually transmitted diseases (STDs) and AIDS. These activities would be developed in close coordination with WHO and with international and national NGOs.

36. UNFPA would provide support to Yemen for special programmes in the areas of youth, environment and AIDS in the amount of $1.1 million, of which $300,000 would come from UNFPA regular resources and $800,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

37. UNFPA would set aside a reserve of $200,000 to meet unforeseen needs that may arise during the programme cycle.

Programme coordination

38. Coordination of all external assistance in Yemen is the responsibility of the Ministry of Planning and Development. Aware of the impact that effective coordination has on maximizing the effect of inputs, the Government and UNDP have started a steering committee to coordinate international cooperation. Both the Government and UNDP have requested UNFPA to play a coordinating role in the area of population. The Fund would also work within the context of the Joint Consultative Group on Policy to coordinate its programme with other member agencies. To ensure coordination between UNDP and UNFPA assistance, the present programme would involve a 1- to 2-year interim period during which it is expected that most of the government infrastructure would be put into place. UNDP has also earmarked part of its indicative planning figure (IPF) for human development. UNDP would coordinate with the Fund for the programming

of these funds with the understanding that UNDP would complement the activities of UNFPA and other United Nations agencies. UNFPA will also develop joint projects with UNICEF, which will commence a new programme in 1993. The World Bank has a current programme in health. It has also developed a proposal for women, health and development based on an improvement of maternal health through an education and service delivery programme linked with income-generating activities, and will consider implementing activities within the framework of the National Population Action Plan.

Programme monitoring, evaluation and management

39. All projects developed under the proposed programme would have built-in monitoring and evaluation components. Since the two first years are planned to be an interim period, selected sectoral activities undertaken during this period would be evaluated at the end of 1993. It is foreseen that the UNFPA office will be faced with greater demands for technical and managerial assistance in order for the Government to increase the number of projects that it executes. Training of nationals in UNFPA procedures would therefore be undertaken. The proposed programme would be managed by the UNFPA Country Director for Yemen under the overall supervision of the UNFPA Representative, who is also the Resident Representative of UNDP. As there is now only a single office located in Sana'a, project monitoring will involve a substantial amount of travel within the country. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support team that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

40. As indicated in paragraph 1, UNFPA would provide assistance to Yemen in the amount of $15 million over the five-year period 1992-1996, of which $10 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	3,700,000	1,500,000	5,200,000
Information, education and communication	2,000,000	700,000	2,700,000
Data collection and analysis	1,400,000	900,000	2,300,000
Population policy formulation	900,000	600,000	1,500,000
Women, population and development	1,000,000	1,000,000	2,000,000
Special programmes	800,000	300,000	1,100,000
Programme reserve	200,000	--	200,000
TOTAL	10,000,000	5,000,000	15,000,000

V. RECOMMENDATION

41. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Yemen in the amount of $15 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $10 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $5 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Yemen and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Gabon
Support for a comprehensive population programme

Proposed UNFPA assistance :	$2 million
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Gabon United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning, Economy and Regional Development

GABON

Demographic facts

Population Total (000)	
Total	1,172
Males	577
Females	594
Sex ratio (/100 females)	97.1
Urban	535
Rural	637
Per cent urban	45.7
Population in year 2000 (000)	1,612
Functional age groups (%)	
Young child: 0-4	14.8
Child: 5-14	17.6
Youth: 15-24	21.8
Elderly: 60+	9.0
65+	5.9
Women: 15-49	25.1
Median age (years)	23.2
Dependency ratios: total	62.1
(/100) Aged 0-14	52.6
Aged 65+	9.5
Agricultural population density (/hectare of arable land)	2.61
Population density (/sq. km.)	4
Average annual change (000)	
Population increase	42
Births	55
Deaths	20
Net migration	7
Annual population total (% growth)	3.29
Urban	5.11
Rural	1.63
Crude birth rate (/1000)	43.4
Crude death rate (/1000)	16.0
Net migration rate (/1000)	55
Total fertility rate (/woman)	5.34
Gross reproduction rate (/woman)	2.63
Net reproduction rate (/woman)	2.05
Infant mortality rate (/1000)	94
Life expectancy at birth (years)	
Males	51.9
Females	55.2
Both sexes	53.5
GNP per capita (U.S. dollars, 1989)	2,960

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $2 million from UNFPA's regular resources, over a five-year period, starting in January 1992, to assist the Government of Gabon in achieving its population and development objectives. This would be the second population programme for Gabon. The first programme, approved in 1988 for three years in the amount of $1.2 million ended, after a one-year extension, in December 1991.

2. The proposed programme is based on: (a) the Government's development priorities, and the recommendations of the National Seminar on Population and Development (March-April 1990); and (b) the findings and recommendations of the May 1991 Programme Review and Strategy Development (PRSD) exercise, which were discussed with various sectoral ministries, non-governmental organizations (NGOs), agencies of the United Nations system, and multilateral and bilateral donors.

3. The programme would assist the Government of Gabon in achieving four broad objectives with corresponding strategies and programmes: (a) to define a national framework for population activities and the corresponding plan of action with a view to formulating a comprehensive population policy and to ensuring integration of population factors into the development planning process; (b) to reduce maternal and infant morbidity and mortality and to address the problems of infertility and adolescent pregnancy; and (c) to enhance the role and status of women and promote their full participation in the country's population and development activities.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups, (para. 14(d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

5. Demographic trends. The population of Gabon was estimated by the Government at 1.4 million inhabitants in 1990. At the present rate of increase of 2.3 per cent per year,* the total population would reach 1.7 million in the year 2000 and would double in 30 years. While the fertility rate is stable, mortality rates are declining, and the crude death rate is now estimated at 15.6 per 1,000 compared to 20.2 per 1,000 in the early 1970s. This decrease is mainly due to declining infant mortality (99 per 1,000 in 1985-1990 compared to 132 per 1,000 in 1970-1975). The two factors that have contributed to the increase in population growth in the last 20 years are the decline of mortality and the high level of immigration. The urban population has increased eight-fold since 1960, and nearly half of the population currently lives in urban areas. This rapid

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*Current United Nations estimates are found in the data sheet on p. 2. This figure and the demographic data that follow are the Government's estimates based upon the results of the 1980 census, which was never fully processed. The United Nations figures do not take the 1980 figures into account and, the Government feels, overestimate both the crude birth rate and the immigration rate.

rate of urbanization has had a detrimental impact on rural areas, as some two-thirds of the country's 4,500 villages have disappeared in the past 30 years.

6. Gabon is classified as a middle-income country. However, because 38 per cent of its national income is derived from oil revenues (1990), its economy is vulnerable to fluctuations in oil prices. Such overdependence on oil has caused an economic recession and made it difficult to establish a sound and sustainable foundation for economic development. As a result, the Government has abandoned its five-year development plan in favour of more flexible three-year programmes that are revised annually. Gabon imports 85 per cent of its foodstuffs and, despite a relatively high per capita income, it manifests characteristics of an underdeveloped country.

7. Gabon faces various environmental problems. For example, the uncontrolled and selective commercial exploitation of the tropical forest has led to deforestation and the degradation of the vegetation and fauna. In the cities, the environment suffers from the effects of a vastly-expanded population on the available land space.

8. Compared to other African countries, Gabon has a relatively good health infrastructure, providing access to health services to 78 per cent of the population. Moreover, according to a government survey conducted in 1988, nearly 80 per cent of deliveries are assisted by qualified health personnel. However, the deepening economic crisis has affected the operations of health facilities, and health personnel, while generally well qualified, lack training in public health. In addition, national professional health personnel tend to be concentrated in the large urban centres to the neglect of rural areas.

9. The main health problems affecting children in Gabon are infectious and parasitic diseases. Maternal mortality is estimated at 120 per 100,000 live births, the bulk of which are caused by complications during delivery or abortion. Infertility is a public health problem, and 70 per cent of the cases relate to secondary sterility (i.e., sterility caused by sexually transmitted diseases (STDs) and abortion). In the absence of contraceptives, pregnancy among adolescents is common and in many cases ends in abortion. Sexually transmitted diseases are widespread and, in addition to being a frequent cause of sterility, also increase the probability of HIV infection. In early 1991, HIV seropositivity was estimated at 2 per cent in urban areas and 0.6 per cent in rural areas.

10. In Gabon, schooling is compulsory and school enrolment reaches almost 100 per cent. Between 1960 and 1989, as a result of considerable government investment in education, enrolment in primary and secondary schools increased, respectively, by 4 and 33 times. Girls make up 49 per cent of the total enrolment in primary schools and 44 per cent in secondary schools. However, the effects of the economic recession have also been felt in the education sector, which has had to operate with a reduced budget in recent years.

11. Although men and women are equal under the Constitution, many legal provisions still reflect gender inequalities that persist in everyday life. However, owing to efforts to eliminate legal barriers to gender equality, as well as to the positive effects of compulsory education and to the activities of women's organizations, opportunities in the economic and social spheres for women are increasing. Still, women's involvement in decision-making related to their reproductive role is limited by the 1920 French law prohibiting the use of contraceptives.

12. The Directorate General for Women's Promotion plays an active advocacy role for women's rights. Women organize themselves in associations by professional affiliation or common interests, and in urban neighbourhoods there are a multiplicity of women's associations of a religious or economic nature.

13. Gabon does not yet have an explicit population policy although the official position is pronatalist. It considers the total population too small compared to the human resources needed for the country's development. As a result, Gabon offers various incentives to increase fertility. Population factors are not sufficiently taken into account in development planning, although there are indications of a change in attitude within the Government towards the interlinkage between population and development.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

14. In June 1988, the Governing Council approved the first programme of UNFPA assistance to Gabon in the amount of $1.2 million over the period 1988-1990. By the end of 1990, an amount of $0.8 million had been spent. Because of this slow implementation, the programme was extended to 31 December 1991. The expenditure for 1991 is estimated at $0.5 million.

15. The programme achieved good results in the maternal and child health (MCH) sector, where activities were focused on the Safe Motherhood Initiative, and in the information, education and communication (IEC) sector, where activities aimed at sensitizing decision makers and opinion leaders enhanced prospects for the development and implementation of a comprehensive population policy and programme. Such awareness creation was also instrumental in ensuring that population concerns were integrated into the national report on the environment, which was prepared for the forthcoming United Nations Conference on Environment and Development. However, no progress was made in the area of data collection. Moreover, programme implementation suffered as a result of the economic crisis, which hampered the Government's ability to provide its financial contribution. For some projects, the Government was not able to provide national staff according to the terms of the project agreement.

16. Overall, the first country programme helped to strengthen national institutions through the transfer of technical knowledge and training of national staff. Furthermore, in spite of regulations prohibiting the advertisement and sale of contraceptives, the programme contributed to a change in attitudes among government officials and the general public towards family planning, primarily as a result of a government-launched programme on Safe Motherhood. Consequently, family planning issues are discussed openly, and the sale of contraceptives is permitted in private pharmacies. The Government now accepts family planning as a means to improve the health of mothers and children. In addition, because of its concern with increasing levels of pregnancy and abortion among adolescents, the Government set up an interministerial commission to, among other things, revise the law on contraceptives. However, more sensitization activities are required to ensure that family planning information and services can be provided in the public sector.

Maternal and child health and family planning

17. UNFPA started its assistance to MCH activities in 1986 with the objective of strengthening MCH services at central and provincial levels with an emphasis on training. An evaluation of MCH activities conducted by UNFPA in May 1988 recommended that the training of field staff and the preparation of the MCH education manual be finalized and that MCH services be strengthened in the peripheral health units with an emphasis on maternal health. In response to these recommendations, UNFPA supported activities starting in January 1991 with the following objectives: (a) to elaborate a Safe Motherhood programme at the

central, provincial and local levels; (b) to support this programme by setting up a management information system (MIS), establishing training and supervisory programmes and developing IEC materials based on operations research; and (c) to implement the Safe Motherhood programme in Ngounie and Haut-Ogooué Provinces. In an effort to provide appropriate technical assistance, a National Safe Motherhood Committee has been established in Libreville as a technical unit. A baseline survey is being carried out by the Institut de Formation et Recherche Demographiques (IFORD) on maternal mortality and morbidity in Ngounie Province. UNFPA has also contributed to a knowledge-attitudes-practices (KAP) study on AIDS.

Information, education and communication

18. UNFPA assistance in the area of population IEC started in May 1990 with the objectives of designing, producing and testing a population education programme and materials specially adapted to Gabonese socio-cultural conditions. This involved analysing the existing curricula and educational materials, and undertaking a socio-economic study of the Gabonese family. The findings of such analyses will provide the basis for the design of educational materials, which will be used in a national IEC campaign scheduled to start during the first quarter of 1992, and of a manual on population education.

19. In 1989, the Directorate General for the Promotion of Women and Human Rights financed and organized a well-received educational campaign on sex education for 2,000 pupils in Libreville secondary schools. UNFPA supported a similar campaign for 4,000 pupils in February 1991.

Data collection and analysis

20. In the absence of census data, UNFPA assistance sought to strengthen the existing civil registration system and to support a demographic survey. Neither activity, however, was undertaken. A civil registration project, scheduled to begin in 1988, never became operational because of legislative and political reasons, and in May 1990, the Government decided to give priority to the 1993 census instead of undertaking the demographic survey.

Population policy formulation

21. UNFPA assistance to this sector started in March 1990, with the objective of improving knowledge of the interaction between demographic factors and socio-economic indicators. A seminar which was organized in Oyem in November 1990 proved to be a breakthrough and had a major impact nationwide on decision makers, technicians and the Gabonese population in general. The outcome of the seminar along with supporting documents have been disseminated and widely covered in the media. Other achievements in this area include the training of 15 technicians from different ministries in integrating population factors into sectoral development planning.

Women, population and development

22. The main objective of UNFPA assistance in the area of women, population and development was to collaborate with other organizations in helping to improve the condition of rural women in Lebamba district, the area of Gabon where United Nations activities are concentrated and where a major Food and Agricultural Organization (FAO)/UNDP agricultural development project is being implemented. UNFPA assistance was specifically directed to integrating population components into these efforts. The main UNFPA activities, which reached some 5,000 women in 16 villages, were: (a) socio-cultural research on the relationship between

women's economic activities and their reproductive role, and on their awareness of this linkage; (b) a seminar on techniques for developing education materials; (c) group discussion on nutrition, maternal health and hygiene and (d) action-oriented research on improving women's status through income-generating activities. However, the potential impact of these activities was limited because of the lack of timely government contributions of financial resources and national personnel.

Other external assistance

23. France is Gabon's major development partner and provides approximately 87 per cent (1989) of total external technical assistance. In the population field, UNFPA is the main donor. In the health sector, Gabon has many partners, including, in addition to France, WHO and UNICEF, as well as Canada, China, Egypt, Germany, Italy and the European Community. An important environment programme is being developed with the support of the European Community, France and UNDP.

IV. PROPOSED PROGRAMME 1992-1996

24. The 1992-1996 programme proposed for UNFPA assistance takes into account the population strategy outlined above, the lessons and experiences learned from the first country programme, and the proposals by the PRSD mission for UNFPA support. The priority areas for UNFPA support would be: population IEC; the Safe Motherhood Initiative; population and development; and women, population and development.

25. The broad objectives of the programme are given in paragraph 3 above. The immediate objectives of the programme would be to assist the Government in: (a) developing and implementing a comprehensive population IEC programme aimed at increasing the level of awareness and understanding of population and related issues among special target groups; (b) continuing the Safe Motherhood programme in Ngounie Province and extending it to two additional provinces and to Libreville; (c) establishing the basis for a national population policy and programme and promoting the integration of population into development planning; and (d) more fully and effectively integrating women into the development process. At this stage, in the absence of reliable health data, it is not possible to set quantified objectives and targets. However, the programme would assist the Government in formulating such objectives as data become available.

26. Given the importance of creating awareness of population issues, including of the health benefits of family planning, the proposed UNFPA programme would include an IEC component in each sector. The Fund would also assist the Government, in collaboration with other donors, in elaborating a national health policy and programme and in integrating the Safe Motherhood Initiative into this policy and programme. The UNFPA programme would continue to provide support to national institution building, placing emphasis on training in the ministries concerned with women's promotion, education, health, population education, and planning. The programme would promote community and NGO participation in programme design, implementation and evaluation and make use of operations research in order to assure that the socio-cultural situation of the country is taken into account in programme design.

Maternal and child health and family planning

27. Under the proposed programme, the objectives of UNFPA assistance in the area of MCH/FP would be to assist the Government in reducing maternal mortality and morbidity and in addressing the problem of sterility. To achieve these objectives, UNFPA would support the Government's efforts to extend the Safe Motherhood Initiative nationwide as a part of the public health system, taking special care to provide health

care and services to those women at highest risk during pregnancy. UNFPA assistance would be concentrated in three provinces (out of a total of nine) and in Libreville. Together, these areas account for 66 per cent of women of reproductive age in Gabon, 50 per cent of the hospitals and MCH services, 70 per cent of the total number of doctors and 77 per cent of the country's paramedicals. The Safe Motherhood activities started in Ngounie and Haut-Ogooué Provinces in January 1991 would be expanded so as to cover these provinces entirely by the end of 1993 and then would be extended to Woleu-Ntem Province in 1994.

28. UNFPA would continue to stress the importance of introducing family planning as an essential component of the Safe Motherhood Initiative by developing messages on the health benefits of family planning, particularly as regards the health of women and the survival of their children. The messages would also aim at sensitizing decision makers, health personnel, parliamentarians and opinion leaders as to the importance of revising the legislation on the advertising and sale of contraceptives.

29. UNFPA assistance would be used to support advisory services, provide training, conduct operations research for IEC in support of Safe Motherhood activities and provide equipment. Special attention would be given to informing and educating women and men on the Safe Motherhood Initiative and corresponding services. Staff directly involved in service delivery (midwives, birth attendants, village health workers) would be trained to integrate Safe Motherhood activities into the services they provide. UNFPA would collaborate with other partners in the health sector (e.g., WHO, UNICEF, France, the European Community, various national and international NGOs), in formulating and implementing these activities and would also assist the Government in strengthening the National Safe Motherhood Committee.

30. The proposed programme would also address the problem of sterility through information and educational activities, covering such issues as the prevention of STDs, including AIDS, and the problems of early pregnancy and abortion, especially among adolescents. UNFPA would support research in collaboration with the Centre International des Recherches Médicales at Franceville (CIRMF) on the causes and consequences of infertility.

31. UNFPA proposes to support MCH/FP activities in the amount of $600,000.

Information, education and communication

32. UNFPA would support the use of a combination of interpersonal and mass communication strategies to achieve the following objectives: (a) to assist the Government in developing and implementing a national population IEC strategy and programme; (b) to promote awareness among decision makers, planners, sectoral ministries, NGOs and the general public on the importance of population and family health issues for socio-economic development; and (c) to educate youth both in and out of school in responsible parenthood. A total amount of $800,000 would be provided to the IEC sector.

33. Information and communication. UNFPA would continue to provide support to consolidate and strengthen the Directorate General of Education in the Ministry of Youth, Sports and Culture so that it can function effectively as a technical unit to develop, produce and disseminate educational materials at the request of sectoral ministries and play a coordinating role in the field of population IEC. UNFPA would secure technical backstopping for the Directorate, as well as provide further training, both in country and in the region, of the Directorate's staff in research methodology, management of IEC programmes and the interrelationship of population and development. The Fund would also support training for media professionals in population issues. Information campaigns would be developed and oriented to specific groups

with an emphasis on young people in sport clubs, youth clubs, artists groups and the workplace. For maximum effect, such campaigns would be linked to activities in the formal education sector. UNFPA support for such activities would be $300,000.

34. Formal population education. As part of the effort to integrate population education into the formal school curriculum, UNFPA would continue to support ongoing activities in secondary schools to educate students about adolescent pregnancy and about STDs. UNFPA support would focus on providing technical assistance to improve the content of the educational materials and on training for provincial staff. Because of the near-total school enrolment in Gabon, the introduction of family life education into the school curricula is of strategic importance. Such introduction into the curricula will begin on a pilot basis in six schools between mid-1992 and mid-1994 and cover such subjects as geography, biology and civic education. Related activities would include undertaking an inventory of existing education and information materials in family life education, carrying out socio-cultural research, training teachers in family life education, and developing education material modules based on the socio-cultural research. Beginning in 1995, activities would be extended nationwide and would cover the school population in grades 5 and 6 at the primary level and in grades 1 and 2 at the secondary level. UNFPA support to this component would be $500,000.

Data collection and analysis

35. UNFPA would assist the Government in achieving the sectoral objectives of establishing a reliable demographic database and strengthening national capabilities to collect and analyse demographic data. UNFPA, in collaboration with other donors, would assist the Government in undertaking the 1993 Population and Housing Census, which is a government priority. UNFPA assistance would cover technical backstopping and the training of staff in the Statistical Office. The training would, as much as possible, be provided by regional institutions. Total UNFPA support to this sector would amount to $150,000.

Population policy formulation

36. The objectives in this sector, to which UNFPA proposes to provide $250,000, are: (a) to establish the bases for a national population policy and action plan; and (b) to integrate population issues into socio-economic development planning.

37. UNFPA would provide assistance to the Directorate of Global Planning within the Ministry of Planning, Economy and Regional Development to enable it to formulate and implement a comprehensive training programme concerning the interrelationship between population and development. UNFPA would also support the Directorate's efforts to develop a research programme to analyse such issues as human resource development, migration, and the interaction between population and development, as well as to establish a database of demographic and socio-economic indicators for development planning.

38. UNFPA would also support the development of a strong IEC component to sensitize important target groups such as high-level decision makers, technicians, political and religious leaders and representatives of national NGOs as to the need to take population into account in development activities. The aim would be to lay the foundation for the development of a national framework for population activities and, later, for the formulation of a national population policy.

39. UNFPA would continue to stress the importance of the interrelationship between population and the environment and would work closely with the European Community, France and UNDP to ensure that the

environment programme being developed by the Government with the assistance of these donors takes population into account. UNFPA would also support research aimed at gaining a better understanding of the linkages between population, the environment and development in Gabon.

Women, population and development

40. The primary objective in the area of women, population and development would be to assist the Government in strengthening the institutional capacity of the Directorate General for the Promotion of Women to promote the active involvement of women in population activities and to fully and effectively integrate them into the development process. Emphasis would be placed on developing the Directorate's technical, coordinating and management skills to enable Directorate staff to review, monitor and evaluate women, population and development activities being implemented by sectoral ministries, NGOs and women's groups. This component would be supported by the mass media and women's professional associations. UNFPA assistance would also contribute to strengthening Gabon's documentation centre on women, population and development. Total UNFPA support to this sector would be $150,000.

Programme reserve

41. An amount of $50,000 would be held in reserve for new proposals that would be developed within the framework of the proposed programme.

Programme coordination

42. In agreement with the Ministry of Foreign Affairs and Cooperation, the Directorate for Global Planning within the Ministry of Planning, Economy and Regional Development would have the responsibility for coordinating and monitoring all external assistance. It would also coordinate the population programme. UNFPA would ensure that effective collaboration would take place with UNDP and with UNICEF in programme formulation, implementation and evaluation and would maintain close contact with other donors and NGOs in the field of population. UNFPA would also convene quarterly meetings for key national and international personnel working on population activities to review programme implementation and coordination. UNFPA would continue to coordinate activities with its partner agencies in the Joint Consultative Group on Policy (JCGP) in particular.

Programme monitoring, evaluation and management

43. In order to involve national counterparts more closely in the full programming cycle, the UNFPA field office would organize training in project formulation, management, monitoring and evaluation. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37. UNFPA would monitor and evaluate programme activities in accordance with standard UNFPA guidelines. A mid-term review of the programme would be organized jointly with UNDP in 1994 and would be the starting point of the next PRSD exercise and programme cycle. Other United Nations agencies, donors and NGOs would be involved in this exercise. The UNFPA Country Director assigned in Brazzaville, Congo, would monitor the implementation of the programme and visit Gabon on a regular basis.

Financial summary

44. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $2 million. The breakdown by programme area is as follows:

	UNFPA regular resources $
Maternal and child health and family planning	600,000
Information, education and communication	800,000
Data collection and analysis	150,000
Population policy formulation	250,000
Women, population and development	150,000
Programme reserve	50,000
TOTAL	2,000,000

V. RECOMMENDATION

45. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Gabon in the amount of $2 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Gabon and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Gambia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$4 million, of which $2 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Gambia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance and Economic Planning

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GAMBIA

Demographic facts

Population Total (000)	
Total	861
Males	425
Females	436
Sex ratio (/100 females)	97.4
Urban	200
Rural	661
Per cent urban	23.2
Population in year 2000 (000)	1,119
Functional age groups (%)	
Young child: 0-4	18.2
Child: 5-14	25.9
Youth: 15-24	17.7
Elderly: 60+	4.9
65+	2.9
Women: 15-49	22.9
Median age (years)	18.1
Dependency ratios: total	88.8
(/100) Aged 0-14	83.3
Aged 65+	5.5
Agricultural population density (/hectare of arable land)	3.78
Population density (/sq. km.)	76
Average annual change (000)	
Population increase	25
Births	41
Deaths	18
Net migration	1
Annual population total (% growth)	2.67
Urban	5.19
Rural	1.85
Crude birth rate (/1000)	44.9
Crude death rate (/1000)	19.5
Net migration rate (/1000)	1.3
Total fertility rate (/woman)	6.17
Gross reproduction rate (/woman)	3.04
Net reproduction rate (/woman)	2.06
Infant mortality rate (/1000)	132
Life expectancy at birth (years)	
Males	43.4
Females	46.6
Both sexes	45.0
GNP per capita (U.S. dollars, 1989)	*

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

* not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $4 million, of which $2 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Gambia in achieving its population and development objectives. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the third programme of assistance to Gambia.

2. The proposed programme for Gambia is based on the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited the country in August 1991, as well as on discussions between representatives of UNFPA and the Government. The programme also takes into account lessons learned from the experiences of previous UNFPA assistance to Gambia, as well as the Government of Gambia's Programme for Sustained Development (PSD).

3. The overall objectives of the proposed programme are to assist the Government in strengthening its national capability to formulate, implement and monitor a national population policy and the action programmes needed to fulfill it, and to achieve a balance between population growth and socio-economic progress in order to achieve sustained development. Specifically, the programme would seek: (a) to reduce maternal mortality from 1,050 per 100,000 live births to 650 per 100,000 by 1996 and to 500 by the 2000 by strengthening and expanding family planning services within the context of primary health care services so that at least 80 per cent of the rural population has access to these services by 1996 and the contraceptive prevalence rate is increased from 7 per cent to 15 per cent by 1996 and to 25 per cent by 2000; (b) to develop a comprehensive population information, education and communication (IEC) programme and an appropriate institutional framework and to promote the expansion and intensification of IEC activities targeted especially at males and adolescents; (c) to increase awareness of population issues and promote responsible parenthood; and (d) to enhance the role and status of women and ensure their active participation in the development process.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. Gambia is a small but densely populated country that, according to government estimates based on the 1983 census, had an estimated total population of 890,000 inhabitants in mid-1991. It stretches on a narrow strip of land of about 10,689 square kilometres along the banks of the Gambia River. With a population density of 83 persons per square kilometre, the country is one of the most densely populated in Africa. Increasing population pressure on available arable land has contributed to a decline in food production, a large-scale exodus from rural areas, environmental degradation and widespread malnutrition, especially among pregnant and lactating mothers and among children. A 1990 study suggests

a maternal mortality rate of around 1,050 per 100,000 live births, one of the highest in sub-Saharan Africa. It is estimated that about 75 per cent of these deaths could have been prevented through effective health care, including the use of family planning services. Infant and child mortality rates are also high at 120 per 1,000, and 242 per 1,000, respectively. Life expectancy is relatively low at 44 years for males and 46 years for females.

6. Gambia has high fertility rates (a crude birth rate of 50 per 1,000 and a total fertility rate of 6.39) and a young age structure: 44.5 per cent of its population is under 15 years of age and the median age of the population is 18.8 years. Adolescent pregnancies, especially among school girls, are on the increase and are a cause for serious concern among political and civic leaders. Net immigration contributes about 0.5-0.6 per cent per year to the already high annual rate of natural growth of 2.9 percent, bringing the total population growth to 3.4 per cent. This figure is higher than the United Nations figure of 2.7 per cent, which may not have taken migration into account. (Current United Nations estimates can be found in the demographic data sheet on page 2.) At the rate of 3.4 per cent, the population will double in 20 years.

7. Social and economic factors. The Government of Gambia was among the first in sub-Saharan Africa to recognize the effects of prevailing demographic conditions on prospective socio-economic development. It established the Gambia Family Planning Association (GFPA) in 1968, and in 1969 invited the Caldwell Mission from The Population Council to study the population situation in the country. The Caldwell Mission concluded that the population growth rate was high and should be slowed. The Government's first five-year development blueprint (1975-1979) included a maternal and child health and family planning (MCH/FP) programme with quantified targets for the number of births and deaths. A follow-up mission in 1978 prepared a framework for formulating a national population policy.

8. As part of its overall strategy to raise the living standards of the Gambian people, the Government has intensified its efforts to improve the health care system. The general mortality rate has declined from 25 per 1,000 in 1987 to 21 per 1,000 in 1991. Infant mortality has also declined from 164 to 120 per 1,000 during the same period. Pre-natal coverage is thought to be high: a 1990 maternal mortality survey indicated that 96.5 per cent of the women interviewed had pre-natal consultations during their most recent pregnancy. The number of fixed clinics offering family planning services has increased somewhat since 1985 while the number of new acceptors has gone up by almost 70 per cent to about 10,700. However, despite the Government's efforts to increase MCH/FP service points to cover 76 per cent of the population, the contraceptive prevalence rate is still low at 7 per cent. Contraceptives are available in the private sector through pharmacies, and community-based distribution has been initiated by the GFPA. The lack of adequate health facilities and of skilled medical and paramedical personnel, as well as cutbacks in capital outlays for health service delivery, have all worked against further improvements in health care delivery.

9. The Government is systematically expanding the education system and increasing primary school enrolment with a view to eradicating illiteracy. The overall literacy rate has increased from 20 per cent in 1985 to 25 per cent in 1991. National primary school enrolment rates are currently estimated at 68 per cent for boys and 46 per cent for girls. Boys outnumber girls nearly 3 to 1 in the secondary high schools and 2 to 1 in the secondary technical schools. There are also regional disparities in schooling with urban areas having higher enrolment ratios than rural areas. It appears that regional and gender disparities in educational opportunities are increasing.

10. The economy of Gambia is predominantly agrarian and traditional. Agriculture accounts for about 23 per cent of the gross domestic product (GDP) and employs approximately 75 per cent of the total labour

force. During the late 1970s and early 1980s, Gambia, like other African countries, experienced unprecedented deteriorating economic conditions. In response, the Government introduced an Economic Recovery Programme in June 1985 with the assistance of the World Bank, the International Monetary Fund and other donors. The success of this recovery programme has been substantive and impressive. From 1986 through 1990, the GDP grew at an average rate of 4 per cent a year. The GDP growth rate slowed to 2.5 per cent in 1991 because of irregular and inadequate rainfall during the growing season.

11. In terms of institutional support for population activities, Gambia is well situated. The Gambia Family Planning Association is one of the most active family planning associations on the continent. An Inter-Agency Consultative Group, which is composed of representatives from relevant ministries, agencies and organizations dealing with population, has been established to coordinate population activities. A National Conference on Population Policy and divisional seminars on the formulation of a national population policy have contributed to a growing awareness of population problems. In September 1991, the Government set up a National Population Commission of cabinet rank to oversee the formulation of the population policy and to coordinate all population activities in the country. A National Environment Action Plan is being prepared to deal with the problems of pollution, urban congestion, and deforestation, all of which have been greatly aggravated by rapid population growth.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. UNFPA population assistance to Gambia started in 1972 with support to the 1973 population census, provision of contraceptive supplies and the strengthening of MCH services and of communication activities. In 1980, the Governing Council approved a comprehensive population programme for Gambia in the amount of $1.58 million over the four-year period 1981-1984. For the period 1972-1986, total expenditure amounted to nearly $1.5 million.

13. In June 1986, the Governing Council approved the second programme of assistance in the amount of $2 million over the five-year period 1987-1991. In financial terms, the implementation of the programme has been satisfactory, with expenditures totalling about $1.89 million, or 93 per cent of allocations. The PRSD mission observed that the implementation of this programme has been successful in that it has contributed significantly to expanding MCH/FP services within the national primary health care system, increasing awareness of population issues among politicians and civic leaders and highlighting the need to formulate and implement a comprehensive national population policy. Among the constraints that affected programme implementation, the high turnover rate of personnel in the country was the most important. The weak technical support provided by some executing agencies also delayed programme implementation. The PRSD identified specific constraints which are discussed below under each sector.

Maternal and child health and family planning

14. UNFPA's support in the area of MCH/FP was intended to improve basic MCH services and family welfare in rural areas. The Government has extended primary health care (PHC) services to 380 villages, thus providing coverage to 76 per cent of the population. UNFPA's aim has been to increase MCH/FP coverage and to integrate MCH/FP services into the primary health care service outlets. As a result, it is now estimated that modern family planning coverage reaches about 7 per cent of women of reproductive age. (Traditional and natural family planning methods are estimated to be utilized by 36 per cent of women of reproductive age.)

15. Despite certain achievements, the PRSD mission identified several constraints that have hampered the implementation of the MCH/FP programme. These include the high attrition rate of trained personnel, insufficient logistic support, inadequate decentralization of the health administration, incomplete integration of MCH/FP services, and the inability of the Government to accord priority importance to family planning in the absence of a national programme.

Information, education and communication

16. UNFPA activities in the field of population IEC were aimed at strengthening the Ministry of Information and Broadcasting so that it would function as a service agency in promoting and raising national awareness on population issues. As a result of the Ministry's activities, population issues have become a matter of national discussion and debate. A National Conference organized in October 1990 to prepare guidelines for a national population policy served as the benchmark for population activities in the country. The Conference drew up a working agenda for population policy activities, and this led to the preparation of a draft national population policy and the creation of a National Population Commission.

17. The Government's agenda has not yet developed comprehensive population IEC policies and strategies, or established the institutional framework to carry them out. The private Gambia Family Planning Association remains the main national-level institution offering family planning education and counselling services. The Health Education Unit of the Ministry of Health is the government body responsible for providing such services, and its effectiveness needs to be strengthened. The GFPA, with assistance from international NGOs, initiated action to improve the research needed to design appropriate population messages.

18. UNFPA took the first steps in 1991 to provide in-school youths with information, knowledge and skills to analyse, understand, decide and act responsibly on population and family life issues. The effectiveness of these activities has not yet been evaluated.

Data collection and analysis

19. UNFPA assistance in the area of data collection aimed at improving the critical lack of reliable basic data on population and demographic indicators. Up to now, only estimates of fertility, mortality and migration were available. In 1990, UNFPA and the World Bank sponsored a National Contraceptive Prevalence and Fertility Determinants Survey, with the technical assistance of the Centre for Applied Research on Population and Development (CERPOD). The survey has improved knowledge of contraceptive prevalence, fertility determinants and infant, child and maternal mortality. Assistance was also provided to the Central Statistics Department to finalize and publish the 1983 census results and to prepare for the 1993 population census. The PRSD mission noted that chiefly because of a shortage of trained staff, data are still inadequate in the areas of vital statistics and migration as well as in the collection, analysis and utilization of basic population data.

Population policy formulation

20. UNFPA assistance has been designed to strengthen Gambia's institutional and technical capacity to formulate, implement, monitor and evaluate a national population policy. This assistance has helped the Government set up a National Population Commission, an Inter-Agency Consultative Group on Population and Human Resources-Related Issues, and technical task forces to prepare background documentation for

the formulation of a national population policy. Training has focused primarily on the transfer of technical competence to nationals in the techniques and methodologies of integrating population into socio-economic development strategies.

Other external assistance

21. The main donors providing assistance to population activities in Gambia in addition to UNFPA are the World Bank, UNICEF and the African Development Bank. Among the United Nations agencies, UNICEF has provided assistance of $2.1 million to the Ministry of Health for various health programmes, including the expanded programme on immunization (EPI), and MCH/FP activities, and WHO has provided assistance to the Gambia AIDS Control Programme, and has acted as an executing agency for a number of subcomponents of the MCH/FP programme. The United States Agency for International Development (USAID) channeled its annual assistance of about $300,000 for MCH/FP activities mainly to the Gambia Family Planning Association. A number of NGO donors, such as Family Health International, The Population Council and the Pathfinder Fund, have financed various studies on such topics as the reasons for the continuation and discontinuation of family planning clients, the influence of village birth-spacing meetings on contraceptive acceptance and continuation, and male motivation in family planning activities.

22. The World Bank has contributed substantially to the health and population field through the National Health Development Programme in the amount of $20.1 million to expand primary health care services, improve health infrastructure and establish a revolving fund to provide essential drugs. Other major donors to this programme are Italy, the British Overseas Development Agency, the European Community and the Netherlands. The African Development Bank was the major donor in the area of data collection and analysis. Women in development (WID) activities in the country are largely being supported by the World Bank in a programme that includes Safe Motherhood and family planning activities. Other contributors to the WID programme are the African Development Bank, Norway, UNDP, the United Nations Development Fund for Women (UNIFEM) and UNFPA.

23. Experience has shown that the assistance received from external sources to promote population activities has suffered from a lack of effective coordination. UNFPA would assist the Government of Gambia in creating and strengthening the national institutional structure to ensure more effective coordination of this assistance.

IV. PROPOSED PROGRAMME 1992-1996

24. The proposed UNFPA programme takes into account the Government's Programme for Sustained Development and is based on the recommendations of the PRSD mission. The overall and specific objectives of the programme are outlined in paragraph 3 above. The major thrust of the proposed programme would be to reduce the high maternal mortality rate, to improve the reproductive health of women and to increase contraceptive prevalence. Gender issues would be addressed in all sectors of the proposed programme.

Maternal and child health and family planning

25. The main objective in the area of MCH/FP is to reduce maternal mortality from 1,050 per 100,000 to 650 per 100,000 by 1996 and to 500 per 100,000 by the year 2000. The Safe Motherhood approach would guide UNFPA assistance in achieving this objective. In addition, the PRSD mission recommended the following family planning targets: (a) to increase the contraceptive prevalence rate for modern methods from

7 per cent to 15 per cent by 1996 and to 25 per cent by the year 2000; (b) to reduce the total fertility rate from 6.39 to 6 by 1996 and to 5 by the year 2000; and (c) to increase the birth interval from the present 12-18 months to 24 months by 1996 and to 36 months by the year 2000. It is expected that if the above targets are met, infant mortality would also decrease.

26. UNFPA would provide support to the Government's family planning strategy, which is currently being formalized but is known to consist of the following major components: integrating comprehensive MCH/FP services within the decentralized health system and promoting family planning through the primary health care approach. This would involve expanding the number of villages in the primary health care system from 380 to 500 during the next five years and integrating family planning into all primary health care activities.

27. The proposed UNFPA support would focus on strengthening family planning services at the central and intermediate levels of the health system to improve the quality and availability of family planning services in more densely populated areas as well as to provide the supervisory support needed at the intermediate referral level. UNFPA support would thus complement the inputs of other donors whose assistance would be to village-level primary health care activities. UNFPA would work closely with the Gambia Family Planning Association, which is very active in village-level family planning activities.

28. In line with the Ministry of Health's policy to decentralize health services, UNFPA's support would seek to improve and strengthen family planning services offered in the existing 40 government static clinics and at the major health centre set up in each of the Gambia's five Administrative Divisions. These centres are to become model family planning centres, not only for service delivery but also for training, referral and supervisory support to the family planning service delivery posts. The emphasis would be on reducing the high incidence of adolescent pregnancy, on identifying those at high risk during pregnancy, and on management and orientation towards family planning by using the services of the community health nurses and traditional birth attendants (TBAs), who are already responsible for 95 per cent of post-natal follow-up. UNFPA would collaborate with UNICEF in the training of TBAs for child-spacing and community-based distribution activities.

29. UNFPA would also strengthen MCH/FP services in and around the capital of Banjul by providing support to the Polyclinic in Banjul and to the Serrekunda Health Centre/Family Planning Clinic to enable these facilities to act as model family planning service centres for training and for supervising family planning activities. In addition to the Polyclinic, which already has a tubal ligation facility, two other urban centres would be equipped to provide these services. The centres would also provide training for staff from the divisional health centres.

30. In order to increase family planning accessibility, private practitioners working in urban areas would be encouraged to provide family planning methods and other services, particularly condoms as part of the campaign to combat AIDS. The GFPA already uses 80 "local agency distributors" of contraceptives, including private medical practitioners, dispensaries, shops and restaurants. A community-based distribution programme has been introduced by the GFPA, whereby 300 agents have been trained to motivate, counsel and provide non-clinic family planning services in the rural areas.

31. UNFPA's efforts would complement the assistance provided by UNICEF, UNDP and other donors to ensure the implementation of the Bamako Initiative at the village level (i.e. community participation and co-financing of primary health care) making sure that essential services (and essential contraceptive supplies) reach the community level.

32. In order to establish an effective framework for family planning in urban and rural areas, a socio-cultural survey would be designed to provide knowledge on various ethnic attitudes towards reproduction and family life. Assistance would be given for training programmes for TBAs and MCH/FP paramedical personnel. Training seminars and refresher courses focusing on such issues as the need for family planning, counselling techniques and the delivery of contraceptives such as condoms, oral contraceptives and possibly other methods would be organized for medical personnel. Family planning would be integrated into the curriculum of the School of Nursing and Midwifery. Information on sexually transmitted diseases (STDs), AIDS and the harmful health effects of female excision would be incorporated into all pre-service and in-service training programmes for medical and paramedical staff. The system for recording service delivery statistics and its supervision would be strengthened to facilitate the evaluation of programme implementation and impact.

33. UNFPA proposes to provide an amount of $1.5 million for MCH/FP activities, of which $650,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

34. In order to ensure the effective implementation of the national population policy for Gambia and to increase the demand for MCH/FP services, UNFPA would assist the Government in increasing public awareness of population issues and of the availability of family planning services. To this end, a comprehensive IEC strategy would be formulated and institutional arrangements created to ensure the effective coordination of IEC activities. UNFPA would seek to establish and support a Population Education and Communication Production and Documentation Unit, which would be responsible for laying the groundwork for a comprehensive IEC policy and programme, as well as for coordinating and providing IEC support to all population IEC activities in the country. The Unit would be housed in the Film Production Unit of the Ministry of Information and Broadcasting.

35. With UNFPA technical and financial support and with the assistance of UNICEF, local NGOs and the Ministry of Rural Development, the Population Education Unit would undertake awareness-creation activities at the community level for such target audiences as men, women, youth and community leaders. These activities would aim at promoting responsible parenthood, Safe Motherhood and better child care through family planning. To achieve this, community-level field workers would be trained in population and family life education. Messages would be channelled through the mass media, and UNFPA would work with local community leaders to try to expand the number of rural radio listening groups. At the same time, decision makers, government officials and other civic leaders would be made more aware of the national population policy and action programmes.

36. Formal and non-formal training programmes would be devised to ensure that population and family planning concepts are functionally linked with environmental issues and with the efforts to promote women's status, including those designed to discourage traditional practices harmful to women's health. UNFPA would support socio-cultural research to ensure that IEC teaching materials and activities are specifically tailored to the socio-cultural context of Gambia. IEC messages would be integrated into the basic training programmes on such topics as MCH/FP, primary health care, women, population and development, and AIDS, among others.

37. IEC programme activities would include special programmes on Radio Gambia and in the print media that would focus on males and adolescent youth. This would be done in close collaboration with the GFPA, which has long-standing experience in this area. The radio and print media would also be used to sensitize

the population to understand the need for and the content of the national population policy. A special campaign management committee would be established to oversee these activities.

38. Family life education, earlier introduced in a few secondary schools, would be integrated into the curricula of primary, middle and secondary schools. UNFPA support to the Curriculum Development Centre of the Ministry of Education, which started in 1991, would continue under the proposed programme and would cover such activities as the development of curriculum and educational materials and the organization of teacher training courses. To supplement the efforts of the in-school family life education programmes, which should become fully operational in 1994, the Ministry's Counselling Unit and GFPA will provide counselling in family life education for school drop-outs.

39. UNFPA proposes to provide $1.15 million for the various IEC activities, of which $550,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

40. UNFPA would assist the Government in strengthening national institutional and technical capabilities, particularly of the Central Statistics Department, to enhance the effectiveness of the preparation for and the conduct of the country's third population and housing census in 1993. The Central Statistics Department is the principal government agency responsible for the collection and analysis of basic data. However, as a result of the rapid turnover of staff, the Department is faced with an acute shortage of trained staff. The PRSD exercise therefore recommended the continued provision of long-term training for demographers on the design and administration of survey instruments.

41. UNFPA is currently supporting the Government in designing a strategy to improve its vital statistics collection and analysis system. It is envisaged that technical support by UNFPA to the strengthening of the system would be supplemented by other donor assistance. UNFPA would seek to use appropriate local government structures to better utilize the vital statistics data now being collected by the health centre.

42. UNFPA proposes to provide $750,000 for data collection and analysis, of which $450,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

43. UNFPA is currently supporting the Government in strengthening institutional and technical capacities to formulate and implement the country's population policy. A draft policy is being prepared. Under the proposed programme, UNFPA would support efforts to finalize the policy and to ensure its adoption, with attendant action plans, and subsequent integration into socio-economic development strategies.

44. The adoption of such a policy involves negotiating a complex network of decision-making and mobilizing popular support. To ensure that both are accomplished smoothly and effectively, UNFPA would strengthen the operational capabilities of the newly created National Population Commission so that it can play a leadership role in coordinating the approval and implementation of the policy. Such assistance would include the setting up of appropriate institutional arrangements within the Commission, the training of officials in programme and systems development and the provision of logistical support. UNFPA would also support national and regional seminars and workshops geared towards sensitizing a cross-section of the population on the objectives and content of the policy in order to facilitate its implementation. Demographic model

presentations would be organized with the support of USAID to sensitize government officials and other high-level decision makers.

45. The elaboration of multisectoral action plans to put the adopted national policy into effect is envisaged early in the programme. In this regard, UNFPA would support the creation of sectoral task forces that would prepare action plans for selected sectors. The action plans would serve as background material for a donors' conference to be organized during the course of the programme period.

46. In order to help integrate the national population policy into socio-economic development strategies, UNFPA would provide assistance to train national staff in the development and application of appropriate methodologies for such integration. These would include modeling, monitoring and evaluation techniques, as well as research in population dynamics.

47. UNFPA would provide $550,000 to this sector, of which $350,000 would be sought from other sources, including multi-bilateral sources, primarily in support of the demographic model activities.

Women, population and development

48. The increasing interest of the Government in promoting the status of Gambian women and integrating them into economic, social and cultural development activities has been translated into a vigorous programming effort aimed at improving the reproductive health and economic productivity of women, and at educating Gambians on family life and gender issues. The Fund would collaborate with the World Bank-sponsored women in development programme, which has a sizable Safe Motherhood component that is managed by the UNFPA-assisted MCH/FP programme staff. UNFPA in collaboration with UNICEF would also assist the Government in its efforts to reduce the phenomenon of female excision. Because of the scale of assistance provided by other donors in the area of women in development, UNFPA would not set aside special funds for this sector but would support activities in the promotion of Safe Motherhood and the strengthening of family planning services as outlined above and in reinforcing ongoing educational and motivational campaigns on health and family planning and gender issues.

Programme reserve

49. An amount of $50,000 would be set aside as a reserve to accommodate any unforeseen expenditures that may arise during the course of the proposed programme period.

Programme coordination

50. Overall coordination of the proposed programme would be undertaken by the 12-member National Population Commission assisted by the UNFPA country office. A number of committees would be involved in the coordination of various parts of the programme, including the Inter-Agency Consultative Group on Population and Human Resources, which is responsible for coordinating the formulation of the national population policy, and the Parliamentary Media Task Force on Child Development, which coordinates IEC and other awareness creation activities. UNFPA would maintain close contact with the members of the Joint Consultative Group on Policy (JCGP), through regularly scheduled meetings, in programme formulation and implementation as well as with other donors and NGOs.

Programme monitoring, evaluation and management

51. To ensure effective implementation, the UNFPA programme would continue to be covered and monitored by the UNFPA Country Director based in Dakar, Senegal. The UNFPA office in Banjul would be directly responsible for supporting the implementation of the programme in accordance with standard UNFPA monitoring and evaluation guidelines. The preparation of periodic progress reports, the conduct of annual country reviews and the holding of routine tripartite project review meetings would continue to be built into the annual schedule of activities. A mid-term programme review would be organized in 1994, and, if necessary, some selected components of the proposed programme would be evaluated independently. The results of these exercises would be used to adjust and reorient programme and project activities as needed. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

52. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $4 million over the five-year period 1992-1996, of which $2 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	850,000	650,000	1,500,000
Information, education and communication	600,000	550,000	1,150,000
Data collection and analysis	300,000	450,000	750,000
Population policy formulation	200,000	350,000	550,000
Programme reserve	50,000	--	50,000
TOTAL	2,000,000	2,000,000	4,000,000

V. RECOMMENDATION

53. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Gambia in the amount of $4 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $2 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Gambia and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Nepal
Support for a comprehensive population programme

Proposed UNFPA assistance:	$19 million, of which $15 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	July 1992
Executing agencies:	Government of Nepal United Nations and United Nations organizations and agencies National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Planning Commission

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NEPAL

Demographic facts

Population Total (000)	
Total	19,143
Males	9,825
Females	9,318
Sex ratio (/100 females)	105.4
Urban	1,837
Rural	17,307
Per cent urban	9.6
Population in year 2000 (000)	24,084
Functional age groups (%)	
Young child: 0-4	16.1
Child: 5-14	26.1
Youth: 15-24	18.6
Elderly: 60+	5.1
65+	3.1
Women: 15-49	23.0
Median age (years)	18.8
Dependency ratios: total	82.8
(/100) Aged 0-14	77.1
Aged 65+	5.7
Agricultural population density (/hectare of arable land)	7.19
Population density (/sq. km.)	136
Average annual change (000)	
Population increase	476
Births	738
Deaths	263
Net migration	0
Annual population total (% growth)	2.34
Urban	6.48
Rural	1.85
Crude birth rate (/1000)	36.3
Crude death rate (/1000)	12.9
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.53
Gross reproduction rate (/woman)	2.70
Net reproduction rate (/woman)	2.01
Infant mortality rate (/1000)	118
Life expectancy at birth (years)	
Males	54.0
Females	53.0
Both sexes	53.5
GNP per capita (U.S. dollars, 1989)	180

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $19 million, of which $15 million would be programmed from UNFPA's regular resources, over a five-year period, starting July 1992, to assist the Government of Nepal in achieving its population and development objectives. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The proposed programme period would coincide with the Government's eighth five-year development plan and with the programming cycle of the United Nations Development Plan (UNDP) and the United Nations Children's Fund (UNICEF).

2. The proposed programme is based on: (a) the Government's priorities, particularly those elaborated in the Preliminary National Population Policy of 1991 and the 1991 National Health Policy; (b) findings and recommendations of the UNFPA Programme Review and Strategy Development (PRSD) mission; and (c) extensive, in-depth discussions with senior officials of the National Planning Commission and its Population Division, the Ministries of Health and Education and other concerned sectoral Ministries, Tribhuvan University, agencies of the United Nations system, bilateral assistance agencies, the Asian Development Bank, the World Bank and non-governmental organizations (NGOs) active in the field of population and health in Nepal. The proposed programme is designed to fit within the Government's overall population strategy and is intended to complement and supplement national population activities.

3. The objectives of the proposed UNFPA programme are to build up the national capacity for: (a) delivering efficient and effective maternal and child health and family planning (MCH/FP) services; (b) consolidating and expanding the reach of the population information, education and communication (IEC) programme; (c) institutionalizing formal and non-formal population education; (d) collecting, analysing and disseminating population data; (e) analysing and implementing population policy; (f) mainstreaming women into development activities; and (g) promoting research on the interrelationship between population and the environment.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The population of Nepal has nearly doubled during the last 30 years, increasing from 9.4 million in 1960 to 19.1 million in 1990. Even if the country is able to reduce the total fertility rate (TFR) to 4.0 from its current rate of 5.5, it is estimated that the population would reach 23 million by the year 2015. It may double again by the year 2045. The infant mortality rate (IMR) is 118 per 1,000 live births, and the child mortality rate is 197 per 1,000 live births. The maternal mortality rate (MMR) is 8.50 per 1,000 live births -- one of the highest mortality rates in the subcontinent. Life expectancy is 54 years. Contraceptive prevalence is relatively low, at 22 per cent (1991). There is a great potential for population growth built into

the age structure because approximately 42 per cent of the population are below 15 years of age, and approximately 47 per cent of the total female population are in the reproductive ages of 15 to 49.

6. Social and economic factors. Despite financial and other constraints, expenditures on health have been increasing since the early 1980s. The number of hospitals increased from 73 in 1980 to 123 in 1990, and the number of health posts from 586 in 1980 to 816 in 1990. However, health services are still inadequate and accessibility is limited, hindering improvements in the population's health, and especially that of women and children. Gender differentials in child mortality, education, access to resources and decision-making processes remain wide. The overall literacy rate is very low -- 33 per cent -- and for women it is 13 per cent. Due to early marriages (at age 16 with parental consent) and frequent and unspaced pregnancies, there is a large group of high-risk women. Moreover, the 1986 Nepal Fertility and Family Planning Survey indicates an extensive unmet need for family planning services: 59 per cent of married women of reproductive age stated that they wanted no more children. Notwithstanding regional variations in the status of women, age at marriage, completed fertility, etc., the overall health, education and economic status of Nepali women is among the lowest in the region. Low literacy, low status of women, early marriage, and the social and economic value of children (given the demand for child labour) constitute the main determinants of fertility.

7. With its limited resource base, stagnant economy and high population growth rate, Nepal has been identified as one of the poorest countries in the region. The gross national product (GNP) per capita is estimated at $180. At the present rate of population increase, it has been estimated that the investment needed to provide for an additional 500,000 persons each year exceeds the Government's total annual revenues. Agriculture contributes 60 per cent to the GNP, yet the average size of landholdings is 0.19 hectare per capita. Two thirds or more of the rural population spend more than 70 per cent of their income on food. On marginal farms in the hills, two thirds of a farmer's time is spent in off-farm work to make ends meet. Labour statistics on women's participation, though scanty and underreported, indicate that, in 1981, female employment was estimated to be only 35 per cent. Of these women, 95.7 per cent were engaged in agriculture. Even though off-farm employment has increased, women have been unable to take advantage of these new opportunities due to socio-economic and cultural barriers. Environmental degradation and the migration of husbands have adversely affected women and girls. Natural resources, such as forests, are diminishing mainly due to exploitation by the growing population. In turn, flooding, landslides, soil erosion and decreased agricultural output have followed.

8. The Government has acknowledged that population growth and unbalanced population distribution seriously inhibit development.The recently drafted population policy which is awaiting official adoption seeks to bring about a balance between the population, socio-economic development and the environment, and proposes implementation of the population programme as part of His Majesty's Government's poverty-alleviation programme. The Government's commitment to population issues has also been manifested in the formation of the National Committee on Population, chaired by the Prime Minister.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

9. UNFPA's assistance to Nepal's population programme began in 1970. Between 1970 and 1979, expenditures totalled $5.3 million, and during the first country programme (1980-1987) expenditures reached over $17 million. In the framework of the first programme, the Governments of Finland, the Netherlands and Norway provided multi-bilateral assistance in MCH/FP, population IEC and population data collection and analysis. The first country programme contributed to: (a) the availability and increase of MCH/FP services;

(b) the introduction of population education into the regular programmes of sectoral ministries; (c) IEC activities in support of family planning and MCH; (d) expansion of the population database; (e) the development of the National Plan of Action for Women in Development; and (f) the promotion of women's participation in an agricultural extension programme.

10. The Governing Council approved $9 million for the second country programme for the period from July 1988 to July 1991. Due to internal political changes in 1990-1991 and the postponement of adoption of the Eighth Five-Year Plan, the programme has been extended to June 1992. The approved amount has been allocated in its entirety. The programme emphasized MCH care and family planning and data collection and analysis, and also supports activities in IEC, population dynamics, and women, population and development.

Maternal and child health and family planning

11. In support of the Government's MCH/FP programme, UNFPA provided assistance for delivering MCH/FP services and strengthening health networks through community participation in selected districts and the establishment of Regional Training Centres. Health services, including MCH/FP, are now being provided through hospitals, health posts and outreach networks. Family planning has been recognized as a part of the MCH services. Efforts were made to ensure quality through training, counselling, medical screening and site certification. Community-based outreach services have been implemented in remote villages in 28 districts where the Female Community Health Volunteers programme was launched. Provisions were made for contraceptives, the development of a family planning clinical training curriculum and training materials, and MCH drugs and equipment. Physicians and senior paramedical staff have been trained in Norplant insertion and removal. Norplant services are currently being provided in 21 hospitals. A total of 575 Auxiliary Nurse Midwives and Auxiliary Health Workers have been trained to administer injectable contraceptives, which are being provided in 400 of the 816 health posts. Management Information System (MIS) tools, such as report forms for service statistics and inventory, have been introduced in all 75 districts. To date, 9,800 female community volunteers have been trained in MCH/FP IEC. More than 4,500 Village Health Workers, 2,765 primary school teachers and 294 District Public Health Office and Health Post staff received basic and refresher training in primary health care, including MCH/FP. The Village Health Worker curriculum and manuals have been revised and improved. Trainers in the Regional Training Centres have been trained in programme management.

12. Despite the foregoing achievements, the programme experienced several constraints. According to the findings of the PRSD Mission and South Asian Study, there was limited availability of clinical family planning services. More community-based health facilities were needed, and the outreach programme needed to be strengthened, with more workers -- particularly women. More than 90 per cent of family planning service providers at the grass-roots level were males, and, because of socio-cultural communication patterns, they had difficulty in effectively conveying MCH/FP messages. Managerial problems included overcentralized health programme management and implementation. A clearly defined policy on the priority of family planning and its integration within the Ministry of Health was lacking. Other constraints included problems in distributing MCH/FP supplies; overemphasis on permanent contraceptive methods and dependence on a few methods rather than a wide range of contraceptive methods; and inadequate family planning counselling. Although estimates of method-specific contraceptive effectiveness are not yet available, if the method mix had been more balanced, a higher CPR might have been achieved. The emphasis on permanent methods (86 per cent) reached couples that already had at least four children.

Information, education and communication

13. In line with the 1983 National Population Strategy, UNFPA supported the introduction of population education into the formal education system. Through UNFPA's first and second cycles of assistance, population education at certificate and bachelor levels was introduced into Tribhuvan University. Major activities in this area included the following: (a) integration of population education content into textbooks; (b) training of teachers and administrators as well as training of project personnel in management and monitoring; (c) development and production of certificate- and bachelor-level textbooks at the University, and updating of the population education source book; and (d) integration of population education content into literacy materials. Moreover, training manuals for primary and secondary school teachers were prepared, and training materials were developed and updated.

14. Despite the above attainments, the recommendation of the 1983 National Commission on Population that population education should be compulsory in formal and non-formal education has not yet been achieved. Population education was only an optional subject in 8 out of 1,638 secondary schools. Major constraints included insufficient research, evaluation and monitoring for improving population education programmes; the absence of population education in primary schools; and the shortage of teachers trained in population education.

15. In non-formal IEC, support was rendered to strengthen the Population Information Centre within the former National Commission on Population. Major activities included fellowships abroad and in-country training in using population data in policy formulation and programme development. In addition, family planning posters and calendars as well as radio and television "spot" announcements and programmes were produced. Four regional-level workshops were organized, in which District Public Health Officers designed a work plan for district-level IEC activities. A total of 230 programme administrators were oriented in using population data and information. A Status Report on Population and Development was published. In addition, the institutionalization of non-formal population education was initiated within the Ministry of Education.

16. Despite progress in institutionalizing population education in the non-formal sector, major constraints were experienced, among them, according to the 1991 PRSD Mission and the 1989 South Asian Study on Nepal, the lack of a national IEC strategy and inadequate use of population data, with no database on which inferences could be drawn concerning the impact of family planning. More socio-cultural research and analysis were needed for IEC programme implementation. They also identify an overemphasis on audio-visual and print media and underemphasis on interpersonal communications as a problem. Moreover, the system of distributing IEC materials needs to be improved, as does the coordination of IEC production units. In addition, the Government's literacy programme has been limited, thus contributing to the lack of motivation of adult women to take advantage of family planning programmes.

Data collection and analysis

17. To help the Government develop and upgrade the national capacity for producing continuous series of reliable and timely demographic data, UNFPA supported the 1981 population and housing census, the 1986 Fertility, Family Planning and Health Status Survey (FFPHSS). Currently, the 1991 Population and Housing Census and 1991 FFPHSS are being financed with UNFPA funding. The census enumeration exercise was

completed, and preliminary results were published. The post-enumeration exercise is under way. The FFPHSS results are expected to provide estimates on fertility and family planning variables at the district level.

18. Among the major constraints to effective population data collection, analysis and dissemination were the absence of a central authority to coordinate population research, and the shortage of professionals trained in collecting and analysing census and inter-censal data. For these reasons, there was less continuity in population data analysis and utilization than was desirable.

Population dynamics

19. To help build up national expertise in population dynamics, UNFPA supported the establishment in Tribhuvan University of the Central Department of Population Studies, which has offered demographic training at the master's-degree level since June 1990. The Department aims at annually producing 10-15 master of arts degree-holders in demography and upgrading the population knowledge of 20-30 government officials. Demographic training is now being given to 45 graduate students by six full-time faculty members. The two Nepalese who are pursuing their Ph.D. degrees abroad are expected to join the Department at the completion of their programme in early 1993. In addition to training, the Department has carried out about seven population-related research studies.

20. The demand for enrolment has outpaced the Department's capacity. Despite an impressive beginning, the Department suffers from shortages of funding for policy-related research and for fellowships abroad. University authorities also acknowledge the need to include population and development issues and to incorporate the topics of women and the environment into the curriculum, which has thus far concentrated on technical demography.

Women, population and development

21. With a view to increasing awareness of the linkages between women's health and family planning, UNFPA supported, through the Nepal Women's Organization, the introduction of MCH/FP education in the activities of 30 multi-purpose skill development centres. Assistance was also provided for training workshops and seminars to improve the management capability of the Women's Services Co-ordination Committee. Furthermore, MCH/FP and family welfare education have been introduced into a credit scheme established for rural women.

22. Project achievements have been limited, however. Since 1990, when both the Nepal Women's Organization and the Women's Services Co-ordination Committee were dissolved, there has been an institutional void, with no central mechanism for carrying out, coordinating and integrating activities addressing women, population and development issues. Along with the absence of institutional mechanisms to mainstream women's concerns, weak monitoring and evaluation of women's programmes, and the absence an explicit strategy and of a gender-based population and socio-economic database have been identified as major constraints.

Other external assistance

23. Major external assistance comes from the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and bilateral aid agencies such as the Japan International Cooperation Agency, the Swiss Development Cooperation and the United States Agency for International Development (USAID).

UNICEF's five-year commitment, to begin in 1992, is for approximately $65 million. The programme includes training health personnel and volunteers, strengthening referral facilities for difficult MCH and family planning cases, supplying essential MCH drugs, promoting Safe Motherhood and MCH/FP, developing curricula and textbooks, promoting adult literacy and encouraging community organizations, particularly women's groups. WHO assists research for the promotion of national health management, health manpower development, disease control and prevention, health information systems, and drug supply and logistics systems. WHO funding is approximately $6 million for two years. The United Nations Development Programme (UNDP) provided assistance to develop management systems for health services delivery at regional and district levels, and to increase the effectiveness of health services delivery as part of primary health care. USAID's total financial assistance for 1980-1990 was $37.2 million; the 1990-1995 USAID-supported programme has total funding of $20 million. USAID supports decentralizing and improving organization of the infrastructure to maximize coverage of health services.

24. Some international non-governmental organizations, such as Save the Children, are active in the field of health and population, including MCH/FP, in limited geographical areas. The International Planned Parenthood Federation (IPPF) has supported the Family Planning Association of Nepal (FPAN) since 1959. FPAN has focused on MCH/FP service delivery, IEC training and integrated community development, including family planning education and related health components. FPAN's annual expenditures are $800,000.

IV. PROPOSED PROGRAMME, 1992-1997

25. Overcoming the major population and development constraints and meeting the challenges for effective policy implementation will require concerted national and international efforts. The proposed programme aims, therefore, at supplementing and complementing national endeavours. The Government's population and development objective is to balance Nepal's population growth rate with its resource base and economic growth potential. The main thrust of Nepal's Eighth National Development Plan (1992-1997), now being completed, is the alleviation of poverty. Among the Eighth Plan's proposed targets for the year 2000 are the following: (a) reducing the TFR from 5.8 to 4.0; (b) increasing the average life expectancy to 65 years of age; (c) reducing the IMR from 107 to 50 per 1,000 live births; (d) reducing child mortality from 197 to 70 per 1,000; and (e) reducing the MMR from 8.5 to 4 per 1,000 live births. As these targets might be ambitious, the target-setting methodology and the targets themselves would be reviewed within the framework of the MCH/FP component of the programme. Other goals are regulating internal migration; raising the literacy rate, especially for females; and protecting the environment.

26. The main objectives of the proposed programme are presented in paragraph 3 above. The strategy for the UNFPA-supported programme would rest on an integrated and multi-faceted intervention, in which community participation and outreach would be emphasized. Parallel financing would be pursued with other donors and particularly with UNICEF in the MCH/FP, women, population and development and IEC sub-sectors. National and regional expertise would be increasingly drawn upon in programme implementation, including the private sector and NGOs. Specific strategies include: (a) setting different CPR targets based on population density and service accessibility; (b) promoting the use of temporary contraceptive methods while meeting the demand for permanent methods; (c) promoting delayed marriage and delay in first births; (d) giving the necessary impetus for integrated planning through population planning at the sectoral and national level and making it an integral part of development planning, policy analysis and policy-related research, as well as increasing national expertise in the population field; (e) raising awareness about the linkages between population and development, family planning and health as well as between population and

the environment; and (f) collaborating with other external assistance agencies in launching an integrated programme conducive to improving women's social, economic and health status.

Maternal and child health and family planning

27. In collaboration with other external assistance agencies, UNFPA would aim at improving family health, Safe Motherhood and child survival through fertility reduction and other health interventions. The strategy in the MCH/FP sub-sector underscores community participation. In collaboration with FPAN, the Contraceptive Retail Sales (CRS) Company and Nepal Red Cross, UNFPA would assist in community-based contraceptive distribution. Greater emphasis would be given to promoting temporary contraception through demand generation and a "cafeteria" approach for contraceptive supplies, under which users would be able to choose from a wide array of methods. Moreover, UNFPA would assist the Government in establishing family planning clinical and contraception training sites at selected hospitals, where MCH/FP units would also be strengthened. UNFPA would help provide specialized services in permanent and temporary contraception and quality assurance and would assist in establishing MCH/FP service delivery systems at proposed primary health care centres.

28. At district and village levels, outreach services would be strengthened by increasing the number of trained health personnel, including Female Community Health Volunteers, Mothers' Groups and traditional birth attendants. Efforts would be made to promote the entry of female workers into the cadre of the Village Health Workers. UNFPA would also help improve and expand outreach services focusing on safe delivery/Safe Motherhood, child survival, and prenatal and post-natal counselling. At the regional level, while consolidating achievements of the Regional Training Centres, UNFPA would further strengthen the institutionalization of basic training in MCH/FP. In collaboration with other external assistance agencies, UNFPA would assist in establishing and strengthening MCH/FP units in regional and district hospitals. At the national level, efforts would be geared to enable the Ministry of Health to develop a master plan for training health personnel. The development of management skills would be given greater emphasis. The Institute of Medicine is graduating 200 Auxiliary Health Workers (AHW) each year, too few to staff the new health sub-posts to be established. Hence, in cooperation with others, UNFPA would assist the Ministry of Health in training AHWs to staff these health sub-posts. The PRSD Mission estimated that approximately $1.2 million is needed annually to provide for the projected contraceptive needs of the country. In collaboration with others, UNFPA, through MIS training as well as training in logistics/planning and monitoring, would assist the Government's efforts to improve the distribution of essential MCH drugs and contraceptives to health posts and health sub-posts. Moreover, UNFPA would help the Government conduct feasibility studies in logistics and establish standards for community-based health service delivery. The Centre of Family Health at the Institute of Medicine would be supported to conduct applied research in MCH/FP for programming and policy purposes. UNFPA would provide a total amount of $11 million for this sector, of which $2.5 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

29. Regional and ethnic diversity, socio-cultural beliefs and Nepal's difficult terrain have all posed difficult challenges to IEC efforts. The limited use of existing MCH/FP services, misconceptions about contraceptive safety, and the lack of linkages between population and development issues have been partly due to the limited coverage of IEC interventions that were not based on socio-cultural research. The contrast between the "desired family size" of 3.5 children and the average total fertility of 5.6 as well as the willingness of 32 per cent of women of reproductive age to space births are telling indicators of unmet demand. The issue of

relatively high awareness (56 per cent of eligible couples know at least of one method), and the low contraceptive prevalence rate has yet to be addressed.

30. The proposed programme would support the formulation of a national IEC strategy and the full institutionalization of formal and non-formal population education. The programme strategy in IEC includes: (a) adopting a multimedia approach, emphasizing interpersonal communications; (b) segmenting audiences and expanding coverage to reach policy makers, planners, extension workers, school teachers, organized labour, etc.; (c) designing specific messages based on profiles of target audiences, taking regional diversity into account; (d) ensuring adequate population content in training materials; and (e) launching an IEC campaign to promote late marriage. All IEC activities would be based on behavioural and sociological research, or, at least, on a baseline survey of the audience. A particular target would be adolescent young girls, where there is ongoing coordination with the World Bank in reaching this crucial audience.

31. Given the exposure and important leadership role of primary school teachers in the community, a massive training programme would be conducted for them. Literacy and post-literacy activities would be used to disseminate information on population issues. Because UNICEF's plans include curriculum and textbook development at the formal and non-formal primary-school level, covering, inter alia, family planning education, UNFPA would support full institutionalization of population education at the secondary-school level. UNFPA would also support efforts of the Ministry of Education and Culture to coordinate, evaluate and monitor its population education programme.

32. While utilizing the public sector's facilities and network, the programme would also draw upon the private sector, as necessary, for the production and distribution of IEC materials. In cooperation with other assistance agencies, UNFPA would support the launching of a national street theatre programme to promote small family size, child-spacing, prevention of early marriages, Safe Motherhood, women's concerns and environmental protection. UNFPA would provide a total amount of $4.5 million for this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

33. To improve data availability, dissemination and utilization in order to plan, implement and evaluate population programmes, support would be given to the Central Bureau of Statistics to: (a) enhance its capability for population data analysis, including analysis of the 1991 census data, and for publication and dissemination of its results; and (b) expand its inter-censal survey capacity. UNFPA would provide a total amount of $800,000 for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

34. Although appropriate institutions have been established, there still exist serious gaps in: (a) integration of population and development planning at the central and sectoral planning levels; (b) policy-oriented research and policy analysis; (c) coordination of research activities and use of research results in population policy decisions; (d) translation of policies into effective and efficient plans of action; and (e) coordination of population programmes. To help overcome these constraints, the proposed programme would support the Population Division of the National Planning Commission in: (a) promoting the integration of population factors into sectoral planning; (b) coordinating, monitoring and evaluating population-related activities, including policy-oriented research, and enhancing its use in analysing population policy; (c) building

"population leadership" through the creation of greater awareness of population issues and forging commitment among line ministries. UNFPA would provide a total amount of $700,000 for this sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

35. To help overcome the constraints mentioned in paragraph 20 and to train enough national experts in the population field, the proposed programme would continue to build up the capacity of the Central Department of Population Studies at Tribhuvan University to conduct research and training in population, including training for government officials; continue the degree programme in population studies; and play an advocacy role in population issues. UNFPA would provide a total amount of $700,000 for this sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

36. Recognizing the role of the status of women in fertility reduction, the proposed population policy emphasizes increasing women's participation in education and literacy programmes and in off-farm employment, including self-employment schemes; giving priority to the recruitment of women as health service providers and trainees; and establishing a database on women. It also proposes legal reforms to eliminate discrimination against women and to enforce the legal age for marriage.

37. To help achieve these goals, the proposed programme aims at assisting the Government in undertaking an integrated programme with emphasis on education and need-based training linked to income-generating opportunities. This effort would be part of credit schemes to be supported in cooperation with various United Nations organizations and agencies as well as other organizations. UNFPA would also assist the Government's efforts to increase female enrolment and prevent drop-outs through non-monetary incentives for underprivileged girls; to promote female literacy programmes that include a population and MCH/FP content; and to include women's concerns in all programme components, with criteria for verification; to create conditions for Female Community Health Volunteers to have access to credit and literacy programmes; to address women's reproductive health through both clinical and non-clinical services as well as through effective prenatal and post-natal counselling; and to establish a data bank on women, population, development and the environment for decision-making and programming purposes. Given the multi-dimensional facets of women's developmental issues and concerns, joint intervention and/or parallel financing would be sought and promoted. UNFPA's input would focus on linking population components with women and development interventions. UNFPA would provide a total amount of $800,000 for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Special programmes

38. Population and the environment. The fast-growing population has put stress on cultivated land and forest resources, perpetuating the cycle of poverty, declining agricultural yields, deforestation and environmental degradation. Knowledge about population and environmental linkages is inadequate. Therefore, support would be provided for research to: (a) identify specific linkages between population, the environment and development; (b) help determine the land's "carrying capacity" and the effects on migration trends; and (c) determine the particular effect of environmental degradation on the health and well-being of women. Furthermore, IEC activities would be designed to address the interrelationships between population and environmental issues. UNFPA would provide a total amount of $300,000 for this sector.

Programme reserve

39. An amount of $200,000 has been set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

40. The central responsibility for programme coordination would rest with the National Planning Commission. Under its auspices and as the Secretariat of the National Committee on Population of Nepal, the Population Division will coordinate, monitor and evaluate population-related activities. Although the national population policy is expected to provide overall guidance and mandates to sectoral ministries, the Government would be encouraged to ensure the incorporation of population into sectoral planning. In close collaboration with the National Planning Commission, the Ministry of Finance would coordinate financial inputs for the population programme.

41. UNFPA would take on an active role in inter-agency coordination. The UNFPA field office would maintain close collaboration with both bilateral and multilateral assistance agencies that support population programmes in Nepal, and particularly with members of the Joint Consultative Group on Policy. The field office, in collaboration with others, would assist the Government in mobilizing external resources. Programme and other population-related information would be routinely exchanged with bilateral and multilateral agencies supporting Nepal's population and development efforts.

Programme management, monitoring and evaluation

42. Under the overall supervision and policy guidance of the UNFPA Representative, the programme would be managed and monitored at the field level by the Country Director. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support-cost arrangements approved by the Governing Council in decision 91/37.

43. The programme components to be formulated under the third cycle of assistance would have built-in monitoring, evaluation and technical review mechanisms. A mid-term country programme evaluation would be undertaken in 1994. To compile indicators of project progress and develop tools for verifying implementation and monitoring, private-sector consulting services and NGOs would be utilized on a trial basis.

Financial summary

44. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $19 million over the five-year period 1992-1997, of which $15 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $4 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	8,500,000	2,500,000	11,000,000
Information, education and communication	4,000,000	500,000	4,500,000
Data collection and analysis	500,000	300,000	800,000
Population policy formulation	500,000	200,000	700,000
Population dynamics	500,000	200,000	700,000
Women, population and development	500,000	300,000	800,000
Special programmes	300,000	--	300,000
Programme reserve	200,000	--	200,000
TOTAL	15,000,000	4,000,000	19,000,000

V. RECOMMENDATION

45. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Nepal in the amount of $19 million for the five-year period 1992-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $15 million from UNFPA's regular resources, over the period 1992-1997;

(c) Further authorize the Executive Director to seek to provide the balance of $4 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Nepal and with the executing agencies.